REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 137111105 2 Serial/Patent # 10/5/9, 222			
Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing	/	2/27/05	\$ 5000
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT S 50 00 8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #:		
Duplicate Payment	9 14-0112		
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: HUITA SOMSOW TITLE: Haralegal			
SIGNATURE: WYMMOW PHONE: 308-9140			
office:			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED:	DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B